Superintendent's Report 1939

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PLINT GOODRIDGE HOSPITAL OF DILLARD UNIVERSITY NEW ORLEANS

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Since the opening of Flint-Goodridge Hospital of Dillard University on February 1, 1932, there have been many indications of its widespread influence on the health of this community.

### DEATH RATE DECLINES

The following table, showing trends in death rates in the four southern cities having largest Negro populations, reveals that during 1920 and 1930 New Orleans had the highest Negro death rate. However, by 1939 the situation had been completely reversed and now New Orleans has the lowest Negro death rate of these four cities. From 1920 to 1930 the rate in New Orleans declined by 1.2 per 100,000 population. From 1930 to 1939, which includes the period the new hospital has been in operation, the New Orleans rate has declined by 10.4 per 100,000. This is a greater rate of decline than that recorded for any of the other cities.

TRENDS IN NEGRO DEATH RATES
IN THE FOUR SOUTHERN CITIES HAVING LARGEST NEGRO POPULATIONS\*

	1920	1930	Rate of Decline	1939	Rate of Decline
Atlanta	22.8	23.2	1.4	20.05	3.15
Birmingham	22.6	19.3	3.3	15.7	3.6
Memphis	26.8	23.3	3.5	15.1	8.2
New Orleans	26.2	(25.0)	1.2	14.6	10.4

To a large extent these results are traceable to the hospital's services to patients, the additional opportunities which the hospital has afforded the staff for professional development, and the community educational efforts initiated by Flint-Goodridge.

\*Figures supplied by respective City Boards of Health.

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THE FOUR SOUTHERN CITIES HAVING LARGEST NECRO POPULATIONS\*

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Rate of Decline	1989	Rate of Decline	OEGI (	oser	
3.15 3.6 8.2 10.4	20.05 15.7 15.1 (4.6)	4.4 8.3 8.5 1.2	28.2	8.28 82.6 26.8 26.8	Atlanta Birmingham Memphis New Orleans

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### HOSPITAL SERVICES INCREASE

There is definite relationship between the decrease in the New Orleans Negro death rate and the increase in the services rendered by Flint-Goodridge Hospital.

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In 1939 we served approximately three times more individuals than in 1932, the days of hospital care were almost doubled, while the clinic visits increased nearly four times.

### INDIVIDUAL PATIENTS SERVED

st is indicative of the there	1932	1939
Admitted to hospital Served in clinic Served in emergency room	977 1,858 673	2,013 6,844 1,606
Total Patients Served	3,508	10,463

# HOSPITAL DAYS AND CLINIC VISITS

in the flord of obstatrica the	Paralle suits as is	ana death rat
s incident to childbirth was 0.1 mg	1932	1939
Total days of hospital care given	9,688	17,755
Total clinic visits	7,790	27,910

# QUALITY OF CARE IMPROVES

Along with the increased quantity of work has gone a decided improvement in the quality of service rendered. In the three fields in which we have concentrated our efforts and in which there are field nurses provided by the Julius Rosenwals Fund for interpretative follow-up work, the quality of care is unusual, as indicated by the table on the following page.

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### INDIVIDUAL PATIENTS SERVED

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1939	1932	
2,013	977	Admitted to hospital
6,044	1,858	Served in clinic
1,606	673	Served in emergency room
10,463	3,508	Total Patients Served

# HOSPITAL DAYS AND CLINIC VISITS

1939	1982	
17,755	888.0	Total days of hospital care given
27,910	7,790	Total clinic visits

# QUALITY OF CARE IMPROVES

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# NUMBER OF PATIENTS AND CLINIC VISITS IN DEPARTMENTS HAVING FIELD NURSES

1	Patients	1938 Visits	Average Visits	Patients	1939 Visits	Average Visits
Syphilis Tuberculosis	349 132	5,983 771	17.1	312	6,329	20.2
Obstetrics Pediatrics	208 1,705	1,058 4,385	5.8 5.08 2.5	139 244 1.775	928 1,509 5,157	6.6

In four major syphilis teaching clinics, namely, Johns Hopkins, University of Pennsylvania, University of Michigan, and Western Reserve the average annual visits per patient is 16.\* An average of 20.2 visits per patient is indicative of the thoroughness with which cases are followed up at Flint-Goodridge. The small decline in the number of syphilis patients is due to the fact that eighteen months ago we arranged to provide free syphilis drugs to our staff physicians for the treatment of their private patients. Many persons who would otherwise come to the clinic now go to private physicians.

In the field of obstetrics the 1938 Louisiana death rate from causes incident to childbirth was 8.1 as compared with the United States average of 4.35. Most obstetrical ptients do not come to clinic before the second or third month of pregnancy. If, after they come, we can continue to have them make an average of 6.1 clinic visits, we will materially reduce this tremendously high rate.

As is signified by our record of growth, this institution belies the argument frequently advanced that Negroes do not have confidence in their own professional group. The doctors and nurses of Flint-

<sup>\*</sup>Dr. O. C. Wenger, Senior Surgeon, United States Public Health Service

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8.03 8.6	6,529	812 189	17.1 5.8	5,983	349	Syphilis Tuberoulosia
2.9	1,509	244	5,08 2,5	1,058	208	Obstotrios Pediatrios

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Goodridge, through their diligence and proficiency, have rapidly won the respect of this community.

In 1932, 33.2% of the pay patients entering the hospital were treated by Negro doctors, while in 1939 Negro doctors treated 43.7% of these patients.

## GROUP HOSPITAL SERVICE PLAN

Of the 42,000 Negro families in New Orleans, 94.2% earn less than \$1,000 per year per family. Certainly very few of these families can pay hospital and doctor bills unless some plan is provided for group budgeting for these unpredictable hazards. No individual knows when he will be sick nor how much his sickness will cost. However, the amount of sickness in a group of persons can be predicted.

In order that employed persons on low economic levels might have access to Flint-Goodridge as private patients, thereby establishing a stronger feeling of self-reliance, our penny-a-day group hospital service plan was put in operation in 1936. By the end of 1939, 3,196 members were enrolled. There are now 4,500,000 subscribers to the 60 group hospital service plans in the United States. The \$3.65 per annum rate charged by Flint-Goodridge is the lowest. The fact that the plan operates on this low premium rate to the mutual financial advantage of the members and the hospital has attracted national attention.

Toward the end of 1939 we began a discussion with the medical staff regarding the possibility of inaugurating a group medical service plan in which hospital service plan subscribers might enroll by paying an additional one cent per day. For the two cents per day, subscribers

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would be entitled to hospitalization and the professional services of any member of the staff while confined to the hospital.

### FINANCES

In 1939, 7,789 days of hospital care were rendered to free patients and 2,814 days of part pay patients at a cost of \$30,653.61 as compared with 4,494 free days and 1,371 part pay days in 1932 at a cost of \$16,070.47. This increase in free and part pay services has in part been made possible by increases in the annual appropriation of the New Orleans Community Chest from \$2,814.00 in 1932 to \$8,750.00 in 1939, and by an annual appropriation of \$3,000.00 by the City of New Orleans, beginning in 1938.

The following table indicates our financial growth:

	1932	1935	1939
TOTAL NET EARNINGS	\$26,942.96	\$29,417.72	\$52,824.91
CONTRIBUTIONS Dillard University: Regular Subsidy	\$13,200.00	<b>\$15.879.86</b>	\$14,400.00
Educational Projects	5,100,00	5,100.00	7 1 W
Community Chest City of New Orleans	2,814.00	6,000.00	8,750.00 3,000.00
Rosenwald Fund for Specia Projects (Part of 3 Yo			7,621.20
Sundry		1,212.42	384.72
Total	\$21,114.00	\$28,192.28	\$39,152.15
TOTAL EXPENSES	\$55,163,11	\$60,508.08	\$91,816.70
Net Loss	\$ 7,106.15	\$ 2,898.08	
Net Gain			\$ 160.36

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1939	1935	1932	
\$52,824.91	\$29,417,72	\$26,942,96	TOTAL NET HARNINGS
\$14,400,00 4,996.23 8,750,00 3,000,00	6,000,00 \$15,879,86	00.008,810 00.001,8 00.818,3	CONTRIBUTIONS Dillard University: Regular Subsidy Educational Projects Community Chest City of New Orleans
7,621,20 384,72 339,152,15	\$4,515,1 82,501,830	(frant)	Rosomeald Fund for Special Projects (Part of 3 Year Sundry
04.919.163	\$60,508,08	11.891,88\$	TOTAL EXPENSES
	80,888,8 \$	\$1,301,7	Not Loss
\$ 160,36			nis0 seM

### CONCLUSION

Flint-Goodridge is on the "Fully Approved List" of the American College of Surgeons; we are "Approved for Internship" by the American Medical Association and our group hospital service plan is approved by the American Hospital Association, the only approved Negro plan. The September 2nd issue of THE SATURDAY EVENING POST carried a 4,000 word article describing the work of the hospital; in October the superintendent was invited to read a paper on our public health activities before the American Public Health Association.

I am appreciative of the fact that these high ratings and national recognition have come to the hospital as a result of our having had the splendid cooperation of the trustees, the medical advisory board, the medical staff, hospital employees and a host of interested friends.

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Communication			
APF	ENDIX		
COMPARATIVE	STATISTICAL	L DATA	
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Deposit			

# SOME PERTINENT FIGURES

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COMPARATIVE STATISTICAL DATA

	1932	1935	1939
1. Hospital Patients			
Compensation	220	200	277
Other Full Pay	165	291	506
Part Pay	176	230	360
Newly Born	63	212	249
Free	353	582	621
Total	977	1,525	2,013
Tetal			
2. Days of Care Given			
. Diegral Penriose Rendered		2 874	0 537
Compensation	2,269	1,734	2,713
Other Full Pay Part Pay	1,554	2,135 1,569	4,439
Newly Born	606	1,467	1,524
Free	3,888	5,994	6,265
Total	9,688	12,899	17,755
		20,000	
Average Daily Patients	29.2	35.3	48.7
Percentage of Occupancy Free	44.4	58.7	43.9
Coll Convenie vaor			
3. Individuals Admitted to			
Each Clinic	11.0		
Medicine	419	822	1,010
Surgery	356	734	691
Pediatrics	340	751	1,775
Gynecology & Obstetrics	278	584	563
Urology	114	163	229
Ear, Nose and Throat	249	368	417
Eye	102	171	308
Dental	85.96	105	1,265
Special	7 050	2.000	586
Total .	1,858	3,698	6,844
4. Clinic Visits			
Medicine A	2,035	3,620	2,627
Syphilis		4,044	6,329
Tuberculosis	mical wand		928
Surgery Pediatrics	1,253	3,156	2,100
Gynecology	1,242	2,635	5,157
Obstetrics	803	1,345	828 1,509
Urology	1,130	2,019	2,020
Ear, Nose and Throat	925	1,742	1,903
Eye	402	1,200	1,859
Dental			1,958
Special		105	692
Total	7,790	21,084	27,910

		CALIUVIA INAM	LIZET CHICA
1939	1935		
			l. Hospital Patients
	man.		
775	200	022	Compensation
808	291	165	Other Full Pay
360	230	176	Part Pay
249	SIS	68	- Newly Born
150	\$88	353	Froe
2,013	1,625	877	LetoT
			10 0 0
			2. Days of Care Given
20 000 00	200 0		
2,713	1,784	2,269	Compensation
6,639	2,135	1,554	Other Full Pay
2,814	1,589	1,371	Part Pay
1,824	1,467	909	Newly Born
6,265	5,994	888 5	Free
17,755	12,899	808.8	Total
48.7	35,3	2,62	Average Daily Patients
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43.9	7.88	4000	Percentage of Occupancy Free
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OZO F	000	nes .	
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691	734		Kieling
1,775	751	540	Pediatrios
563	584	278	Oynecology & Obstetrics
623	163	MI	Urology
417	368	249	Ear, Nose and Throat
808	171	102	Eye
1,265	301		Dental
888	Name and Associated Street, and	and the second second	Special
6,844	3,698	1,858	LadoT
			mainten Winter A
			4. Clinic Vicits
2,627	088,8	2,035	A enicibeM
		00019	Syphilis
6,329	4,004		Tuberculosis
858	225 2	you t	Surgary
001,8	5,156	1,255	Pediatrics
6,167	858.5	SASAL	Gynecology
888	1,365	803	Obstantes
1,609	1,218		Urology
080,8	010,5	1,180	Ear, Lose and Throat
1,903	1,792	402	Eys
1,859	1,200	20.9	Dental
1,958			
569	105		
27,910	21,084	7,790	LefoT

		1932	1935	1939
5.	Free Patients Admitted for Clinical Study			
	Medicine Surgery Pediatrics Gynecology & Obstetrics Urology Ear, Nose and Throat Eye Dentistry Total	39 91 40 96 9 73 5	55 101 95 223 13 81 14	71 181 84 114 22 124 19 6
6.	Special Services Rendered Patients Treated			
	Surgical Operations X-ray Pictures Laboratory Tests Prescriptions Filled	541 520 6,989 2,607	639 560 14,147 3,656	917 1,637 12,956 8,766
7.	Average Days Stay			
	(a) All Patients (b) Compensation (c) Other Full Pay (d) Part Pay (e) Free	9.9 10.3 8.5 11.9 11.0	8.5 8.7 7.3 6.9 9.4	8.8 9.8 8.7 7.8 10.1
8.	Births	63	212	249
9.	Deaths	45	49	64
10.	Percent Post Mortems	60%	16.3%	34.9%
11.	Cost Per Patient Per Day (1) A. All Patients B. Excluding Newly Born	\$3.96 \$4.23	\$3.23 \$3.64	\$3,13 \$3,48
12.	Cost Per Clinic Visit (2)	<b>5</b> 6¢	27.7¢	28.1¢

<sup>(1)</sup> Does not include services for which a fee is charged in addition to regular day rate.

<sup>(2)</sup> Does not include cost of clinical teaching, field nurses or services which are not covered by the 10¢ fee.